

Second Regular Session 115th General Assembly (2008)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2007 Regular Session of the General Assembly.

SENATE ENROLLED ACT No. 42

AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 2-5-26-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 8. The commission shall do the following:

(1) Determine whether the contractor for the office under IC 12-15-30 that has responsibility for processing provider claims for payment under the Medicaid program has properly performed the terms of the contractor's contract with the state.

(2) Determine whether a managed care organization that has contracted with the office to provide Medicaid services has properly performed the terms of the managed care organization's contract with the state.

~~(2)~~ (3) Study and propose legislative and administrative procedures that could help reduce the amount of time needed to process Medicaid claims and eliminate reimbursement backlogs, delays, and errors.

~~(3)~~ (4) Oversee the implementation of a case mix reimbursement system developed by the office and designed for Indiana Medicaid certified nursing facilities.

~~(4)~~ (5) Study and investigate any other matter related to Medicaid.

~~(5)~~ (6) Study and investigate all matters related to the

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implementation of the children's health insurance program established by IC 12-17.6.

SECTION 2. IC 12-8-1-10, AS AMENDED BY P.L.234-2005, SECTION 15, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE DECEMBER 31, 2007 (RETROACTIVE)]: Sec. 10. This chapter expires January 1, ~~2008~~ **2010**.

SECTION 3. IC 12-8-2-12, AS AMENDED BY P.L.234-2005, SECTION 16, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE DECEMBER 31, 2007 (RETROACTIVE)]: Sec. 12. This chapter expires January 1, ~~2008~~ **2010**.

SECTION 4. IC 12-8-6-10, AS AMENDED BY P.L.234-2005, SECTION 17, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE DECEMBER 31, 2007 (RETROACTIVE)]: Sec. 10. This chapter expires January 1, ~~2008~~ **2010**.

SECTION 5. IC 12-8-8-8, AS AMENDED BY P.L.234-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE DECEMBER 31, 2007 (RETROACTIVE)]: Sec. 8. This chapter expires January 1, ~~2008~~ **2010**.

SECTION 6. IC 12-15-12-21 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: **Sec. 21. (a) Not later than January 1, 2011, the following must be accredited by the National Committee for Quality Assurance or its successor:**

(1) A managed care organization that has contracted with the office before July 1, 2008, to provide Medicaid services under the risk based managed care program.

(2) A behavioral health managed care organization that has contracted before July 1, 2008, with a managed care organization described in subdivision (1).

(b) A:

(1) managed care organization that has contracted with the office after June 30, 2008, to provide Medicaid services under the risk based managed care program; or

(2) behavioral health managed care organization that has contracted after June 30, 2008, with a managed care organization described in subdivision (1);

must begin the accreditation process and obtain accreditation by the National Committee for Quality Assurance or its successor at the earliest time that the National Committee for Quality Assurance allows a managed care organization to be accredited.

SECTION 7. IC 12-15-12-22 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS

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[EFFECTIVE JULY 1, 2008]: **Sec. 22. A:**

(1) managed care organization that has a contract with the office to provide Medicaid services under the risk based managed care program; or

(2) behavioral health managed care organization that has contracted with a managed care organization described in subdivision (1);

shall accept, receive, and process claims for payment that are filed electronically by a Medicaid provider.

SECTION 8. IC 2-5-26-15 IS REPEALED [EFFECTIVE JULY 1, 2008].

SECTION 9. [EFFECTIVE DECEMBER 31, 2007 (RETROACTIVE)] **Actions taken under IC 12-8-1, IC 12-8-2, IC 12-8-6, and IC 12-8-8 after December 31, 2007, and before the passage of this act are legalized and validated to the extent that those actions would have been legal and valid if this act had been enacted before January 1, 2008.**

SECTION 10. **An emergency is declared for this act.**

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President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

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